STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
100781	MTM ASSOCIATES, INC.

3. Principal office address	City	State	Zip
76 Governors Drive	East Greenwich	RI	02818

4. Business Phone No.	5. State of Incorporation
401-885-5491	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF MONITORING THE CONDUCT OF CLINICAL STUDIES FOR PHARMACEUTICAL COMPANIES.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Tara Cardi	76 Governors Drive	East Greenwich	RI	02818

Vice-President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
Tara Cardi	76 Governors Drive	East Greenwich	RI	02818

Treasurer Name	Street Address	City	State	Zip
Tara Cardi	76 Governors Drive	East Greenwich	RI	02818

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Tara Cardi	76 Governors Drive	East Greenwich	RI	02818

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

FILED
AUG 13 2013
By mnc

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Tara M. Cardi — 8/10/13
Signature of Authorized Representative — Date

Tara Cardi
Print or Type Name of Authorized Representative

Ck #2283

Form No. 630
Revised: 01/2012